

SENATOR MARTIN M. LOONEY
PRESIDENT PRO TEMPORE

Eleventh District
New Haven, Hamden & North Haven



State of Connecticut
SENATE

State Capitol
Hartford, Connecticut 06106-1591
132 Fort Hale Road
New Haven, Connecticut 06512
Home: 203-468-8829
Capitol: 860-240-8600
Toll-free: 1-800-842-1420
www.SenatorLooney.cga.ct.gov

March 15, 2016

Good afternoon Senator Crisco, Representative Megna and members of the Insurance and Real Estate Committee. I would like to offer my comments on SB 433, AN ACT CONCERNING STANDARDS AND REQUIREMENTS FOR HEALTH CARRIERS' PROVIDER NETWORKS AND CONTRACTS BETWEEN HEALTH CARRIERS AND PARTICIPATING PROVIDERS.

I applaud the Insurance Committee for hearing this bill on Network Adequacy which is a critical issue for the citizens of Connecticut. The bill is based on the National Association of Insurance Commissioners' (NAIC) model act.

I would encourage the Committee to consider including guidelines in terms of time and distance to an in-network provider as well as for appointment wait times rather than leaving this entirely up to the discretion of the Connecticut Insurance Commissioner. Certainly the commissioner should have some discretion and the ability to impose stricter standards in certain instances as well as the discretion to allow an occasional exception if a carrier can show true hardship and the exception would not adversely affect a patient's care. However, basic guidelines would offer patients, providers, and insurers the clarity and stability that they desire.

SB 433 also addresses continuity of care for those patients in an "active course of treatment" and includes treatment for a "serious acute condition" under an "active course of treatment." I would ask that this be changed to either a "serious acute or chronic condition" or to a "serious condition." The definition given of "serious acute condition" is broad enough that it could be read to include certain serious chronic

conditions but that language would be better if this were made clear. The importance of continuity of care does not depend on the classification of a disease as chronic or acute.

In addition, The Committee could also consider requiring that patients at in-network hospitals be responsible for no more than the in-network rates and cost sharing regardless of the network status of the physician who provided care at that hospital.

I also look forward to working with the Committee to ensure that all the provisions of this bill are consistent with the provisions of PA 15-146.

Thank you